

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Michael Lee Rose	COURT CASE NUMBER CIV-NO-06-370-JJF
DEFENDANT Attorney General	TYPE OF PROCESS Civil Rights Action
SERVE → NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Attorney General	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 820 N. FRENCH STREET, Wil Del 19801	
AT	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Michael Rose
047880
Delaware Correctional Center
1181 Padlock Rd Smyrna Del 19477

Number of process to be served with this Form - 285

Number of parties to be served in this case

4

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

FILED
U.S. DISTRICT COURT
DISTRICT OF DELAWARE
2006 SEP -7 AM 9:15

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

8/4/06**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. **15**

District to Serve

No. **15**

Signature of Authorized USMS Deputy or Clerk

BP

Date

9-1-06I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

KEITH BRADY, ASST SOLICITOR

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

9-6-06**1:00**

am

pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee 4500	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 4500	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: